BEST AVAILABLE COPY

Effective October 1, 2003

Application or Docket Number
10790919

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN			
TOTAL CLAIMS			(Column 1)		(Column 2)		1.	TYPE		OR	SMALL ENTITY			
								RATE	FEE]	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	€ 385.00	OR	BASIC FEE	770.00		
Ţ	OTAL CHARGE	EABLE CLAIMS	7 minus 20=		. 0			XS 9=		OR	X\$18=			
—	DEPENDENT (1	ninus 3 =	• 0		·	X43=		OR	X86=			
MULTIPLE DEPENDENT CLAIM PRESENT							+145=		OR	+290=				
* If the difference in column 1 is less than zero, enter "0" in column 2							j	TOTAL	†	OR	TOTAL	120		
	CLAIMS AS AMENDED - PART II								OTHER THAN					
_		(Column 1)		(Colum				SMALL	ENTITY		SMALL	ENTITY		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE		
	Total	. 2	Minus	-7		8		X\$ 9=		OR	X\$18=			
AM	Independent	ENTATION OF M	Minus			-	ſ	X43=		OR	X86=			
Ŀ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ſ	+145=		OR	+290=			
	*						L	TOTAL		OR	TOTAL			
	17	A	DDIT. FEE	<u> </u>	J O.,	ADDIT. FEE								
8		(Column 1) CLAIMS REMAINING		(Colum HIGHE NUMBI	ŞT	(Column 3)	Г		ADDI-	1 1		ADDI-		
AMENDMENT B		AFTER AMENDMENT		PREVIOL PAID F	JSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL		
	Total	. 7	Minus	JV		-	T	X\$ 9=		OR	X\$18=			
	Independent	- /	Minus	ENIDERIT	N 0134	-		X43=		OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=			
										OR .	TOTAL			
ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE														
Z I	\	CLAIMS	٠	HIGHES	ST T				ADDI-			4001		
		REMAINING AFTER AMENDMENT		NUMBE PREVIOUS PAID FO	SLY	PRESENT EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL		
	Total	*	Minus	**		=		X\$ 9=	FEE	OR	X\$18=	FEE		
	Independent	•	Minus	***		=	-							
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						H	X43=		OR	X86=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.														
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."														
Ť	he "Highest Num	ber Previously Paid	For (Total or I	araue is le independent	is the h	3, enter "3." ighest number f	ound	in the app	ropriate box					